



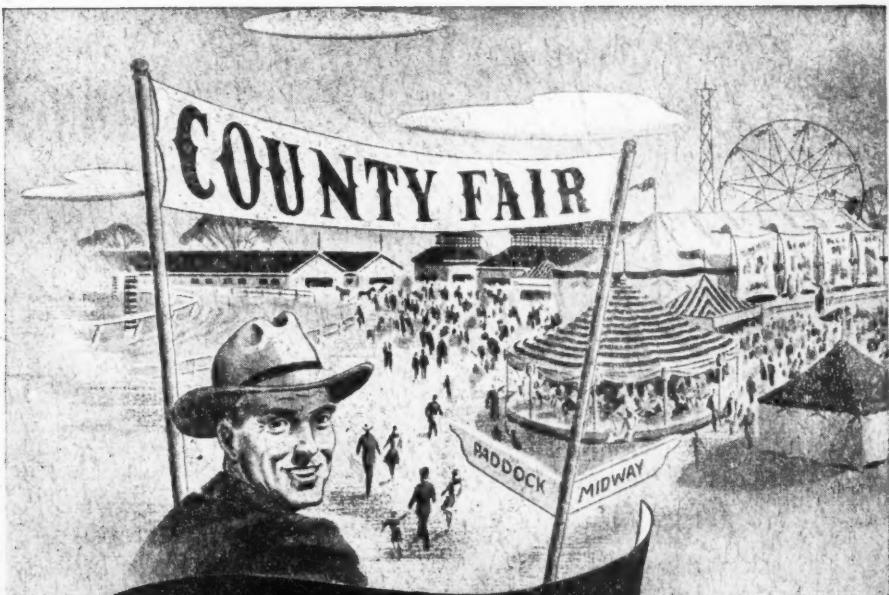
The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

February 1, 1946

Volume 11 • Number 3



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The Fortnightly REVIEW OF THE CHICAGO DENTAL SOCIETY

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Feb. 1, 1946

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THE CALENDAR

- February 4th:** North Side Branch: Regular monthly meeting to be held at the Edgewater Beach Hotel. Dinner at 7:00 p.m. Dr. Harold Hillenbrand will discuss "The Dentist's Responsibility to His Fellow Practitioners." The scientific program will include talks on "Troubles in Dentures," "Extraction of Teeth," and "Local Anesthesia."
- February 4th:** West Suburban Branch: West Suburban Round Table will hold its first meeting at the Oak Park Club at 12:00 noon. James Betty will be the speaker. Tickets must be purchased in advance. See branch column for details.
- February 5th:** Kenwood-Hyde Park: Regular monthly meeting to be held at the Sherry Hotel. Joseph E. Schaefer will discuss plastic surgery.
- February 9th:** The War Service and Post War Planning Committee of the American Dental Association will hold an open session starting at 9:30 a.m., in the Stevens Hotel. Maj. Gen. Robert H. Mills, Dr. Walter Scherer, Dr. Sterling V. Mead, Dr. C. W. Freeman will be among the speakers. Details of the program are included in the News and Announcements section in this issue.
- March 12th:** West Suburban Branch: Regular monthly meeting to be held at the Oak Park Club. Dinner at 6:30. Speaker at 7:30 p.m.—Dr. Philip Jay of the University of Michigan Dental School and Kellogg Foundation will discuss "Fluorine as It Pertains to Dentistry."

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**Dr. Robert G. Kesel Wins First Award
in Essay Contest**

Dental Caries Study May Prove Revolutionary

The winning of the Prize Essay Contest by a Chicagoan is rapidly becoming a habit. There have been five contests and three of them have been won by members of the Chicago Dental Society. Dr. Robert G. Kesel, the winner of the Fifth Annual Award, is no newcomer to the ranks of scientific research, as his paper on a similar subject received honorable mention in last year's competition. The full title of his winning paper is "The Biological Production and Therapeutic Use of Ammonia in the Oral Cavity in Relation to Dental Caries Prevention."

Dr. Kesel, in his study, was assisted by Joseph F. O'Donnell and Dr. Edward C. Wach of the Department of Applied Materia Medica and Therapeutics, College of Dentistry, University of Illinois, and Ernst R. Kirch of the Department of Chemistry, College of Pharmacy, of the same institution. Dr. Kesel heads this department and his name long has been associated with studies in dental caries. His latest study was stimulated by the fact that numerous investigators have reported the absence of certain aciduric bacteria, particularly *Lactobacillus acidophilus*, from the oral flora of individuals who have no caries. Opinions conflict as to whether or not these bacteria are responsible for caries production but there is general acceptance of an association between caries activity and

the presence or absence of these microorganisms. Presumably the oral environment in individuals with no active caries either contains something inimical to the development of *Lactobacillus acidophilus* or lacks some factor necessary for the growth of these bacteria.

CLINICAL USE OF AMMONIA

To determine what effects the introduction of some form of ammonia into the mouths of caries active individuals would have on *Lactobacilli* counts, dibasic ammonium phosphate was decided upon as the agent of choice. In a controlled study on fifty-five caries active subjects using the ammonia in a mouth rinse and dentifrice for five months, the *Lactobacilli* counts were markedly reduced in almost every instance.

CONCLUSIONS

From the foregoing data: Dr. Kesel came to three conclusions, (1) the development of ammonia nitrogen in the oral cavity may be responsible for the absence of dental caries which some individuals exhibit, (2) amino acids are present in the human saliva and may be utilized for the production of ammonia by the enzyme systems present in the oral cavity and, (3) ammonia introduced into the mouth artificially has a limiting effect

(Continued on page 26)

Ex-Congressman Will Rogers, Jr., Tops Midwinter Card

General Sessions Speaker Gains Fame in Own Right

Two General Sessions are scheduled for the 81st Midwinter Meeting, one on Monday evening and the other on Wednesday morning. Ex-Congressman Will Rogers, Jr., will be the speaker at the Monday evening session and Dr. Robert G. Kesel will read his prize winning essay at the Wednesday morning session. Ex-Congressman Rogers, son of the famous humorist, is considered by his former colleagues in the House of Representatives as one of the up and coming young men. He has shown himself to be an orator of no mean ability (he has the typical Will Rogers sense of humor). His message will be timely and important. Dr. Kesel will tell of his work in dental caries prevention. He and his collaborators have made a fine contribution to this rather controversial subject. Dr. Kesel's paper is entitled "The Bacteriological Production and Therapeutic Use of Ammonia in the Oral Cavity in Relation to Dental Caries Prevention."

In place of the usual social functions (Frolics, Dinner Dance, Ladies' Luncheon) there will be a dinner, open to anyone with the price of a ticket, on Wednesday evening in the Grand Ballroom of the Stevens. Entertainment at this function will be of a rather lavish nature for the Social Committee is busy scouting all the right spots in town, sifting the wheat from the chaff (in other words, eliminating the strip-tease artists) and coming up with a truly spectacular show.

ESSAYS AND CLINICS

The Essay and Limited Attendance Clinic Program seems, in prospect, to transcend that of any previous meetings. Representatives will be here from almost every hamlet, village and town all over the U. S. A. Add to this list an array of home town notables and the reason for these superlatives is readily understood.

Every phase of dentistry will be covered by this group of experts. Periodontia, prosthodontia, pedodontia and endodontia, all will have their day. Oral surgery (vice exodontia, deceased), operative dentistry, research and practice management and a newcomer this year, aviation dentistry, will have their innings, too. All this adds up to a full length refresher course in four days.

RANDOM HIGHLIGHTS

A few attractions that appear both in the Essay and Limited Attendance Sections are picked herewith at random. Dr. Ralph Ireland of Lincoln, Nebraska, will have an interesting display of models which depict his methods of preserving deciduous teeth. The problems associated with "buckling" of the lower anterior teeth will be discussed by Dr. Rowe Smith of Texarkana, Texas. Dr. Arthur O. Klaffenbach of Iowa City, an always popular clinician, will present his conception of how an anterior fixed bridge should be constructed. The gold foil filling hasn't as yet lost its appeal according to Dr. Robert G. Drake of Omaha. He can put in a beautiful restoration of this material, in a relatively few minutes, in a gingival third cavity, where synthetic fillings oftentimes fail. Dentists who have a difficult time with their angles of projection can correct their mistakes by following the technique of Dr. Robert R. Fosket of Chicago. Dr. Fosket will have some practical pointers on the placement and retention of the X-ray film. Dr. Emmett Beckley of Kansas City will undertake to put the construction of full dentures on a streamlined basis, eliminating the pitfalls and insuring success. And finally, in the Practice Management Section, Dr. John C. Metcalf of Alhambra, California, returns with a new version of his old story, "Let's Get in Tune."—James H. Keith.

EDITORIAL

IT WILL BE A GREAT MEETING—BUT

The Chicago Dental Society hesitates to put the welcome sign out for the Midwinter Meeting in too prominent print because of the extreme difficulty in obtaining sufficient hotel accommodations.

The Chicago hotels have been canvassed for all possible reservations, the Hotel Association and the Convention Bureau have heard repeated pleas, even the Chicago Motor Club has been contacted for potential tourist facilities—yet the demand for rooms still exceeds the allotted reservations. No doubt this would be the largest Midwinter Meeting in history, if hotel accommodations could be secured.

The profession is hungry for the information and the advances in technics that are learned only through attendance at scientific sessions. The ban on the American Dental Association meeting, the cancellation of the last Midwinter Meeting, and the travel restrictions of recent years are responsible for the great urge to attend a large convention. Dentists are eager to catch up on all that has been developing during the static years.

Before the Office of Defense Transportation lifted the convention restrictions preliminary plans for the 1946 Midwinter Meeting were hopefully progressing. With the ban removed, the many committees that contribute to the smooth operation of the large scale convention began to work in earnest. The officers and members are pleased with their accomplishments despite numerous handicaps. The essay program, the clinics and the exhibits provide a well balanced meeting studded with educational opportunities.

Everything points toward a very fine meeting except for the room situation. We know that many visitors will attend and that all have been requested to share their rooms so that there may be no single occupancy of double rooms. We realize that many are coming without confirmed reservations. We hope some miracle will develop to provide satisfactory accommodations for all.—*Robert G. Kesel.*

NEWS AND ANNOUNCEMENTS

WAR SERVICE COMMITTEE TO HOLD MEETING FEBRUARY 9

The War Service and Post War Planning Committee of the American Dental Association announced recently it will hold an open session in cooperation with the Chicago Dental Society at 9:30 a.m., February 9, at the Stevens Hotel, Chicago, Illinois.

C. Willard Camalier, chairman of the A.D.A. committee, will preside at the meeting. The morning program will open at 9:30 a.m., with an address given by Walter Scherer, president of the American Dental Association. At 10:00 a.m., Maj. Gen. Robert H. Mills, Chief of the Dental Division of the U. S. Army, will talk on "Demobilization of Dental Officers," after which C. W. Freeman, chairman of the Post War Planning Committee of the Illinois State Dental Society, will discuss "Dental Officer Returns to Civilian Practice — Problems and Remedies."

The noon recess will be followed by an address by Sterling V. Mead, president-elect of the A.D.A. At 2:00 p.m., Hon. Watson B. Miller, Federal Security Administrator, will discuss the subject "Surplus Dental Material." At 3:00 p.m., Allen O. Gruebbel, chairman of Special Committee, Veterans Administration, will introduce Milburn M. Fowler, chief of the Dental Division, Veterans Administration, who will talk on "Dental Care Program of the Veterans Administration." The last event of the day will be "Memorial for Dental Officers." At this time recommendations will be made concerning the type of memorial to be selected and future activities will be discussed.

All members of the dental profession are invited to be present to enter the discussions, propound inquiries, and present resolutions on any of the subjects embodied in the agenda.

COL. GEORGE MEYER RETURNS TO CHICAGO

Colonel George Edward Meyer has returned from his fourth war and thinks he is back in Chicago for good. He started his military career at the age of fifteen as a bugler boy, and ended it recently after twenty-seven years of service, seven of which were on active duty.

Dr. Meyer served in the Boxer Rebellion in China with the gallant old Ninth U. S. Infantry. On July 4, 1901, in Manila, he participated with the Ninth as a member of the Guard of Honor to General MacArthur, father of the present hero. He was wounded in the Balangiga massacre near Tacloban, Leyte, on Samar Island, Philippines. He also served as major with the famous John B. Murphy unit with the British in 1916 and 1917, and then finished out World War I with the American Army in the same capacity.

He was called to active duty in World War II on August 15, 1942, and acted as chief of the Dental Service at Barnes General Hospital in Vancouver.

Dr. Meyer has the Purple Heart and was recommended for the Congressional Medal of Honor and the Distinguished Service Medal. After three years and five months of service in his fourth war, he will soon be placed on inactive duty and will be back in private practice.

DR. EDGAR SWANSON HEADS SANATORIUM

Dr. Edgar W. Swanson, professor of operative dentistry at Northwestern University, recently was elected president of Edward Sanatorium of Naperville for a one year term.

Dr. Swanson has been a member of the board of directors of the Sanatorium for the past several years and is also assistant treasurer and a member of the board of directors of the Tuberculosis Institute.

NEWS AND ANNOUNCEMENTS

FOURTEEN SEEK HYGIENIST REGISTRATION

Fourteen women took the examination for dental hygienists which was given at the University of Illinois College of Dentistry on January 9. This examination was the first given under the new Illinois law permitting the practice of hygienists in this state. The law became effective July 1, 1945.

GEN. MILLS GIVEN MEDAL

Major Gen. Robert H. Mills, director of the dental division of the Office of the Surgeon General, has been awarded the Distinguished Service Medal. The presentation was made by Major Gen. Norman T. Kirk for "his performance of exceptional meritorious service in a position of great responsibility." The citation recalled that "with exceptional foresight, organizing ability and leadership he provided and maintained a superior dental service, based on sound plans and professional policies, for the millions in the Army. Under his guidance the Army Dental Corps was expanded from several hundred to more than fifteen thousand officers, and dental facilities, including clinics and laboratories, were expanded proportionately. The dental rehabilitation of more than a million men accomplished under his supervision represented a tremendous contribution to the conservation of fighting manpower and to the future health of the nation. He skilfully coordinated the activities of the Dental Corps with other federal agencies and the civilian dental profession. Through his unremitting efforts to achieve exceptional standards of dental care General Mills made a notable contribution to the war effort."

FILIPINO DENTIST FOUND GUILTY OF TREASON

An American educated Filipino, Dr. Trinidad Valentin Bagalawis, fifty-four year old dentist, was declared guilty of treason by the People's Court in Manila on January 15 and sentenced to death. Bagalawis, who studied nine years in America and married an American girl, declared he would appeal the decision to the commonwealth Supreme court. He was accused of aiding the Japs in raiding guerrilla hideouts, working as an agent for the enemy police, and taking part in the torture of his countrymen. The accused, who told the court that his wife and child had been killed by the Japanese during the occupation, maintained that he had served the Japs due to fear of an irresistible force.

CHICAGO DENTAL ASSISTANTS' ASSOCIATION

The following program has been arranged for the Midwinter Meeting by the Program Committee:

Monday morning — Registration and Clinics. Monday noon — Luncheon in private Dining Room I, \$2.85 per plate. Reservations must be made with Jean Wehle, Lincoln 3420, not later than February 5. Monday — 2 p.m., speaker in Room 520A, which will be the headquarters room of the C.D.A.A. at the Stevens Hotel.

Tuesday at 10 a.m. — Papers by members. Tuesday at 2 p.m. — Speaker, Room 520A. Wednesday at 10 a.m. — Round Table Discussion. Wednesday at 2 p.m. — Open Meeting, Room 520A — Dr. Russell G. Boothe will discuss "The Dental Assistant's Role in Oral Surgery."

Dental assistants who are not members are invited to attend all sessions upon payment of non-member registration fee. —Jane Neunuebel, Publicity Chairman.

What Now?

By Frederick T. Barich



One Saturday morning while riding to the office on an overcrowded bus I chanced to be pushed into a group of boisterous teen-aged boys who were bound for the Y. M. C. A. The apparent occasion was a weekly swim for some; for others a weakly bath. As usual, all but a few without manners or inhibitions of any kind dominated the bus. Their general misconduct and raucous conversations are well-known to all of you; so I will dwell further on it. Despite the noise and confusion, the garbled conversations were audible even to unlistening ears, if you know what I mean—and I think you do? The irregular boyish routines were under discussion. Each guy in turn, and louder than his predecessor, gave a graphic outline of his extracurricular activities. Football, baseball, skating, basketball, in fact, nearly all sports were mentioned, along with music lessons of some kind or other, danc-

ing, either tap or ballroom, arts and crafts lessons, trips to the brace dentist, lessons in horsemanship, paper deliveries, soda jerking, allergy shots, leaf raking, package wrapping, crossing patrols and a lot of other things to which these groups are subjected. Finally the string ran out, so all the other passengers sighed in relief. In this momentary respite and like a bolt from the blue which exploded the temporary silence, the ring leader singled out one of the guys who was behaving and asked him to tell the gang about *his* activities. The little chap started slowly and deliberately with his newsreel. In modulated tones he told the story beautifully. Just as he finished, the bully interrogator demanded further: "Tell the gang what you do on Sunday mornings."

Without hesitation the youth replied: "I go to Sunday school."

From the gang in chorus, with an ear splitting burst, came a raucous: "SUCKER-R-R" which shook the bus to its synthetic foundation. Now, I'll let you draw your own conclusions.

Definition

A face-bow is a complicated looking gadget used by plate men to try to establish the positions of artificial choppers after all other guesses have failed; but to a bobby-soxer, it's just plain cute.

Filosofee

A successful dentist is one who hurts a patient less financially than he does physically.

STRIKE THREE

Where I had failed previously, I must not fail now because my own fate is at stake. Inaudible epithets of hatred slip through clenched teeth and pursed lips as I approach this crucial situation. The tempo of the big pulse within my chest rises swiftly and beats violently against my ear drums. Except for intermittent peals of distant thunder, deathly silence falls over the immediate scene—yet there is no storm. At the end of a smooth pathway, not twenty paces ahead, an eerie red light glows dimly above the portal of a semi-cavern. There stands my adversary—upright, motionless, and grinning a defiant: "Come and get me!" Above the maelstrom in my brain a diabolical voice urges me on: "NOW—NOW—NOW!" With superhuman effort and deadly weapon poised, I move in stealthily and quickly for the kill and fire point blank. The shot goes wild—and so do my bowling mates.

Wednesday, Feb. 13

Chicago Dental Society

Good Fellowship Dinner
and
All-Star Show

(no after-dinner speeches!)

- cocktails 6:30
- dinner 7:30

Grand Ballroom • Hotel Stevens

get your tickets at sales booth
first floor • south end

The Ladies Are Welcome

BRADFORD T. BROWN, Chairman

Dentistry and the Changing Order*

Joseph D. Lohman, Ph.D., Chairman, Department of Sociology,
American University, Washington, D. C.

Public polls indicate that the majority of the population wants health insurance. National concern is justified because of the effect of physical defects and illness among the population upon the military and industrial potential of the nation. Can the maldistribution of dentists and physicians in relation to health needs, particularly of children, be corrected under the present organization? Before dentistry can assume its role in consideration of legislation, the following points need clarification: (1) The question is not—is dental disease insurable? but—Can funds be made available by collective action to pay for dental services? (2) What constitutes adequate dental care? (3) How can the quantity of dental services be increased without depreciation of quality? The recognized responsibility of the dentist is to be prepared to render adequate service. A large proportion of the public maintains its right to determine whether the source of payment shall be the individual or the group.

(Continued from January 1)

I have offered these extended preliminary remarks because there is reason to believe that a substantial proportion of the membership of organized dentistry and medicine are insensitive to, or reluctant to face, the substantial transformations which have taken place in our social life. It is clear, however, that the public is not only dissatisfied with the present difficulties and obstacles in the acquisition of adequate medical and dental care but stands ready to support proposals which are designed to bring about changes in the present situation. I hasten to add that the public of which I speak is not only made up of Roosevelt or Wagner supporters. According to a poll of the National Opinion Research Center which samples the entire country by social and economic classes as well as by area, some 73 per cent of the anti-New Dealers polled, favored health insurance under a plan like Social Security while as many as 91 per cent of the Roosevelt supporters were so inclined. I suspect that you are not uninformed concerning the host of legislative bills that appear annually within the halls of the several state legislatures and within the National Congress. Their significance

lies not so much in the many obvious limitations of the proposals as in the urgencies, the state of mind, of large sections of the population which they reflect.

Organized dentistry has for some time been engaged in an educational program designed to deliver to the nation a message of dental health. I do not know whether the creation of an appetite for health has been dentistry's sole aim but I think it reasonable to assume that many of the current requests for health measures under social security legislation comes from individuals who, though sold on the idea, are unable to make "effective" their demand under their present economic arrangements. The rising demand for health services is in no small degree a response to educational measures by the organized professions. It seems strange to me that the dental profession is disposed in the best professional tradition to broadcast a message of dental health to all, but in so doing, to force the fire, so to speak, under a boiler and then be dismayed that it appears ready to burst, for having failed to provide an outlet for the new energy.

HEALTH—A NATIONAL RESOURCE

The National Emergency has contributed even further to a heightened self-consciousness concerning individual health and national well-being. The

*This paper is the first of a series of lectures on "The Dentist in the Social Order," a study course presented by the Chicago Dental Society and the University of Chicago.

dangers to our social and economic life which are resident in a low physical vitality have been made clear to all by the reports of Selective Service rejections. And indeterminate as the evidence is, dentists themselves must have been taken aback, that with the armed forces' relatively low requirements so many men were unfit for military service. Before a group of dentists I need not labor the point of the importance of dentistry in assuring physical well-being. The physiology of the mouth is crucial in over-all physical well-being. As such, dentistry is a major specialty in the total structure of the health services.

Selective Service records reveal that during the months of November 1940 through December 1941, 8.8 per cent of those examined for the armed forces failed to meet the dental standards then established and enforced by the army. Indeed, dental defects were so common among draftees that in February 1942 the dental standards were radically revised. This experience while throwing little light upon actual health of the population because of the absence of any minimum standard of oral health, has, however, along with the studies of school children revealing widespread dental caries, served to heighten the health consciousness of the American people.

The world struggle between the totalitarian and the democratic powers has posed a vital question. Can democracy be strong enough to survive in the modern world? There is a parallel which can be drawn between a nation and a man. In the modern world, a man's job is the avenue to livelihood and life itself. Considering the dependence of the modern army upon a nation's industrial potential, a people's productive efficiency has become the measure of its prospects for national survival. This is equally true of a totalitarian or a democratic society but it is of further significance to a democratic society where, presumably, the state exists for the individual rather than the individual for the state.

In the modern world, the health and well-being of the population of the

nation, quite apart from any humanitarian consideration, is being slowly recognized as a national resource. The profile of the nation's health will be examined critically in subsequent lectures but I would like to anticipate the picture since it represents the context inside of which, dental practice must be oriented.

The proportion of persons who pass through a year without illness of some sort is not so few as those persons believe, who insist that dentistry's problems are quite unlike those of medicine. At most ages between 5 and 65 about 40 to 60 per cent of the population is ill, one or more times per year and slightly over one-half of all this illness causes some loss of time from school or work. Indeed, about one-sixth of these cases involve an absence of 12 days or more from school or work. It was estimated by the President's Technical Committee on Medical Care in 1938 that on an average day of the year 4,000,000 persons are disabled by sickness. This figure is not a too generous estimate for it was confirmed by nearly all of the participants in the National Health Conference of that year.

It is impossible to estimate the economic losses associated with sickness and disease but we may arrive at some understanding by appraising the effects of absenteeism on war production. Everyone knows that strikes and absenteeism obstructed and held back the war effort. This appeared obvious to us in war, when production levels had to be maintained if we were to defeat the enemy. Strikes it would seem are the chief bottlenecks to production, but for every day lost by strikes there are three days lost to American industry because of industrial accident and occupational disease, and for every day lost by industrial accident and occupational disease, there are fifteen days lost because of illness and accident of non-industrial origin. The U. S. Public Health Service estimates that in 1940 400,000,000 man-days were lost from disabilities at an economic cost of 10 million dollars. This is the equivalent of over 1,000,000 men toiling through 13½ months, a loss in 1940 that was fifty

times greater than that due to strikes and lockouts. During periods of manpower shortage, the problem of absenteeism in industry was acute. Absenteeism regarded as a matter of individual concern in time of peace, is a matter of public concern in time of war. Since much absenteeism results from illness, it follows that the security of the nation depends upon the maintenance of good health and that the health of the worker becomes, therefore, a matter of public and governmental concern.

The subtle complexities of the modern industrial process make absenteeism, particularly, that occasioned by ill health, a problem of a new kind, even in time of peace. Modern production methods, with their complicated assembly lines involving large numbers of detailed operations, organically dependent upon one another, are seriously affected if workers at one point in this highly rationalized structure fail to report for work. Bottlenecks may appear at any one of the several points in the productive process which can throw the entire mechanism out of gear, if not suspend the whole productive process. Therefore it is a matter of general social and economic, as well as military importance, that the health of the individual be secured.

POPULATION CHANGES AND HEALTH

But I have taken into account only the immediate effects of illness. We must also consider the more important long run effects of sickness and disease upon our national economic life. The composition of the United States population did not cease to change with the erection of barriers to immigration. Indeed, that change in our national policy has insured a change in the proportions of the various age groups in the whole population. The United States is becoming an older more mature population with greater proportions of older people and fewer numbers of young people. The temporary upsurge in our birth rate is deceptive and reflects wartime distortions

and exigencies. The over-all trend has been downward and will probably continue so in the postwar period. If these trends continue the following changes will have taken place: At present about 36 per cent of the population is under 20 years of age, in 1975 only 26 per cent of the population will be under 20 years of age. Currently the age group 20 to 60 makes up 55 per cent of our population. This percentage will remain approximately the same but with a significant increase of those between 50 and 60; 9 per cent of our present population is over 60 but in 1975, 19 per cent of the population will be over 60. We can only conclude that America, as a population, will be an older more mature nation and this will require many adjustments in our economy. Not only will older people be required at the machines in order to maintain our high levels of production but the problems of sickness and disease will reflect these changes. Both the amount and types of illness will be affected by the presence of these greater numbers of older people. Whereas great progress has been made in overcoming the diseases of childhood, little progress has been made in dealing with diseases of deterioration related to age. The health professions are confronted by one of the greatest challenges in their history. Is it possible for them to so service the population that the productive efficiency of the nation will not have been impaired, notwithstanding, the necessity for resorting to the continued employment of age groups whose morbidity rates are pronounced? Moreover, our children appear as a precious resource for with a population which is approaching a stationary condition or even a declining one, it behooves us to look to our future human material. The cities of America have experienced such a decline in their birth rates that they are no longer reproducing themselves. Respectable members of middle class society, like yourselves, frown upon large families. Your wives regard the old style family of ten or more as unfashionable, not to mention the inconvenience of such a brood. But

where is the birth rate high? In rural communities and among the lower economic classes in cities. And yet it is precisely among these groups that morbidity and mortality rates are high and where health services are at a minimum. The present generation of children is the next generation of adults, and these children, under present conditions, will have attained maturity without benefit of adequate medical and dental care at that very time when our nation will be in great need of an able-bodied adult working population in order to maintain its productive efficiency. Dentists need not be reminded that the neglect of childhood brings on, and aggravates, the diseases of later life. Yet in the National Health Survey of 1936 it was revealed that 28 per cent of America's children who are disabled for one week or more are without benefit of a doctor's care. It was further revealed that 46 per cent of the children in families with incomes of less than \$1,000 received no doctor's care during illness lasting more than one week.

MALDISTRIBUTION OF SERVICES

If I may at this point call upon the proverbial little man from Mars to afford us a measure of objective detachment, he might put these questions to us. "If there is much sickness among you and if your physicians and dentists possess a measure of the knowledge and skill which is necessary to its amelioration, why do you not let them treat the sickness where it arises? If morbidity rates vary in terms of age and sex, of urban and rural distribution, of regional and state differences, of dietary and customary distinctions, of occupational difference, of economic status, why do you not organize your health professions according to the pattern under which it appears amongst you?" And then I tell him, "Well, what you say sounds reasonable but there are other considerations." He lifts his eyebrows and says, "Other considerations? Other than healing?" "Yes," I reply, "there is the matter of

how the service shall be paid for. You see there are many of us who believe that the patient cannot raise the money to pay for the services by collective action. He must undertake to raise the money as an individual, otherwise he will bring about the destruction of the basic freedoms of the professions, and bring them under such control as will deteriorate standards." And then the little man says, "Oh, I see that is why your physicians and dentists are distributed unequally within the community and amongst the social classes."

If one can picture this discussion with the neutrality of our little visitor, one can see that the professional ideal of the healing arts, namely, that their "calling" is in the service of *all* men, not just *some* men, has been subject to qualification. No one questions the contention that prolonged training and dedication entitles one to superior status and respectable income. However, there is sufficient evidence that the present organization of medicine and dentistry only imperfectly coordinates and administers our health services so that the needs of substantial portions of the population are continuously ignored or overlooked. Furthermore, there is reason to believe that substantial numbers of physicians and dentists are not receiving deference and income returns commensurate with their training and dedication.

It has been called to my attention that certain Southern States have exhibited a superior patriotism over the North and the West in the support of the war effort. As evidence to support this contention, it is cited that these states have exceeded their quotas of physicians and dentists called to the armed forces. On the other hand, Illinois, New York and other states are cited as failing in their patriotism since the number of doctors from those states is not yet up to quota. There is other evidence, more convincing, on the matter. Without impugning the motives of either Southern or Northern doctors, there is a more reasonable explanation. There are many practitioners in Southern low income areas for whom the army

presented an attractive opportunity for securing increased income and status.

There is a direct and obvious correlation between the distribution of income and the distribution of dentists and physicians. The association of the professions with the population is not so direct. I have prepared a table which indicates the pattern. These figures are for 1940-41.

DISTRIBUTION OF U. S. POPULATION AND INCOME IN RELATION TO DISTRIBUTION OF DENTISTS, PHYSICIANS

| Region | % of U. S. Population | % of all Income | % of all Dentists | % of all Physicians |
|---------------|-----------------------|-----------------|-------------------|---------------------|
| Farwest | 6. | 9. | 10.6 | 9. |
| Northwest | 6. | 4.5 | 5.9 | 4.6 |
| Southwest | 6. | 6. | 4.7 | 6.7 |
| Middle States | 27. | 28.5 | 32.1 | 26.6 |
| Southeast | 21. | 9. | 9.5 | 13.5 |
| Northeast | 33. | 42. | 37.1 | 39.4 |

These figures are roughly indicative of the influence which economic factors exercise under our present arrangement. On the other hand, dentistry as well as medicine, under present conditions, is literally projected into a position of dependence upon a selected section of the population in securing a successful practice. The dentists of the U. S. are securing 40 per cent of their income from the prosperous upper tenth of the population and a bare 20 per cent from the lower one-half of America's population.

While dentistry is primarily a service profession, it has a right to expect remuneration commensurate with its function. However, in prosperous peacetime years more than 37 per cent of America's dentists received less than \$3,000 net income per year. This low income is of added significance when it is noted that it has been earned by servicing the upper income groups.

Another manifestation of the underlying economic factors which are at present ordering the distribution of physicians and dentists is the tendency to settle in larger numbers proportionately in the more populous cities. In these communities with higher per capita incomes, the opportunities for higher returns are a forceful magnet. Witness the following instructive figures:

**THE URBAN-RURAL DIFFERENTIAL
Dentists per 100,000 of Population**

| City | State | |
|-------------|----------|-----|
| Little Rock | Arkansas | 65 |
| Wichita | Kansas | 88 |
| Montgomery | Alabama | 55 |
| Tampa | Florida | 70 |
| Lincoln | Nebraska | 130 |

I have omitted in this paper, any reference to those studies which indicate the dilemma of lower income groups. That subject will be treated at length in a succeeding lecture. I have rather been concerned with indicating the broad workings of this economic factor upon the physician and dentist, particularly as he has been directed to those localities in our society which irrespective of the actual health or sickness needs afforded him personally the promise of a successful and remunerative career.

COMPETITION VS. SERVICE

Because of this economic consideration, it is to be questioned, whether, under the exclusive continuation of the present methods of practice, this maldistribution of services can be corrected. The distortion of the health services emerges as a consequence of the adulteration of the service motif, which distinguishes the professions from purely commercial occupation.

With full consciousness of this distinguishing mark of the professional man and with sober thought of the monopoly which his fellow citizens have conferred upon him and his colleagues, the physician and the dentist might well search their minds for answers to these questions; (1) Can it be considered right in present day American society that people should have to forego or postpone health services for economic reasons? (2) Can it be considered right in present day American society that physicians and dentists should find it necessary, often under very adverse conditions of work, to compete for profit (however small that profit may be) over things of such moment to the nation as the sickness or health preservation of its individual citizens? (3) Is it possible any longer to support the principle that general prac-

tice should remain individualistic, competitive, and independent of any form of collective action, governmental or otherwise?

PROPOSED LEGISLATION

The currently discussed Wagner-Murray-Dingell Bill has initiated a series of interesting and exciting reactions from various interested parties. Notwithstanding the obvious fact that this is a considered and provocative proposal for the establishment of health services under an extension of the Social Security Act, it is more significant for the reaction it has provoked. Organized medicine has registered its disapproval. On the other hand, organized labor and certain of the farm groups participated in the formulation and drafting of the bill and are vigorously pushing it. I shall not at this time attempt to discuss the Bill. I have brought it into the discussion because it seems to me a challenge, and therefore an opportunity for American medicine and dentistry to enter positively and constructively into a consideration of the problem.

UNFINISHED BUSINESS

However, as I see the situation, dentistry's position is especially complicated. There is much unfinished business within the profession which must be undertaken no matter what the fate of current legislative proposals before dentistry can find for itself anything but an anomalous role in the legislative proposals.

Dentists have been too willing to accept the verdict of interested parties that dental disease is a predictable phenomena and as such unattractive and ill adapted to insurance plans. For some reason or another this has cast doubt in many minds upon the practicability of all forms of collective action in treating of dental disease.

RESOURCES TO PAY

It may be true that dental caries is more in the nature of a certainty than

a probability but this hardly rules out collective action with reference to the problem, if there is a public will and resource with which to address it.

This war has brought home to us with driving force the productive potentiality of the nation. An economy of abundance is not impossible. This nation has demonstrated that an income of \$150,000,000,000 is not fantastic, although there were dreary economists and business pessimists who said it was impossible a short five years ago. The costs of a dental program are not prohibitive to an economy with a high level of production and relatively full employment.

The experience of dentists with their own patients should be a further sobering thought with respect to repeated protestations about gigantic costs. No one knows what percentage of the population would require dental care if services were to be provided. To my knowledge, there exists no measure of the problem. My dentist friends tell me that many of their patients who can afford adequate care and who ought to visit their dentists "twice a year" as the radio and billboards advise us, come only once in six years. It took the experimental Kellogg Foundation of Battle Creek, Michigan, three years to get 100 per cent dental service in one school, although the service was set up to avoid the complicating fact of economic disability. I have been informed that roughly one-half of the indigent in the F.E.R.A. Dental Clinic of Chicago broke their appointments.

The dentist's concern is, properly, with his preparation. Regardless of whether the schemes which will send him patients are voluntary, compulsory or otherwise, he should be prepared to set up the types of service.

Another aspect of dentistry's unfinished business involves clarification of the objectives and implications of its educational program. Dentistry has beamed its information at the most "needy" person. Democratic, and properly so, as this objective is, there is a necessary corollary. Dentistry can only logically

and realistically address the "last man down" if it also permits and indeed welcomes a consideration of democratic methods of organization in the provision of payments by those otherwise unable to respond to dentistry's educational message.

ADEQUATE DENTAL CARE?

This brings me to what, as an outsider, strikes me as dentistry's great unfinished business, the production of a concept of minimum care. Some rough distinctions have been drawn between "cosmetic" and "adequate" dentistry. Then again there is the distinction between "initial" and "maintenance" costs.

I am of the considered opinion that here lies the obstacle, which has necessitated the exclusion of dentistry from projected plans for collective action in promoting dental health. In my perusal of the literature of dentistry I was pleasantly surprised, however, to encounter a little volume which indicates progress toward the solution of this problem. I refer to the study of Dorothy Fahs Beck, *Dental Care for Adults Under Clinical Conditions*, which is aptly described in its subtitle as "An Exploration of General Issues on the Basis of Initial and Maintenance Care Experience of 485 Patients of Dental Health Service, New York City."

The two problems which the study set for itself were (1) the establishment of cost and time for initial and maintenance care and (2) the general principles governing cost of adequate dental care for adults in general. Although significant data on cost distinction emerged from the study, its major import lies in the possibility of further exploratory research which can sharpen the lines of distinction between various orders of service. Out of such studies may emerge a basis for arriving at a workable minimum service which could be directed to the nation-at-large. I am reserving for consideration in a later meeting the very enlightened and progressive declaration of policy announced by the American

Dental Association in the statement on Dental Health for the American people, particularly as those policies bring into the forefront of the discussion the question of a concept of minimum or adequate care.

ADEQUATE PERSONNEL

If I may be so bold, a word is in order concerning a need for clarification within the ranks of the profession of the nature of dental operations. Not a few of your membership has proposed the division of the profession into two ranks, a smaller body of dentists and a subordinate class of technicians. As a layman, I cannot evaluate the merits of this controversy but it seems obviously related to the general apprehension that the personnel of dentistry is insufficient to meet the new potential demand.

If this be the case, the proposal suggests strongly the idea of a substandard or inferior form of dental service. The experience of dental education suggests caution in these respects. A curriculum survey of dental education conducted some years ago, reported that dentists were not too well trained as it was. What was needed was more, not less, education.

In any event it will be an abortive effort if dentistry attempts to meet the increasing demands for dental service by a program which dentistry itself regards as substandard.

CONFLICT IN OPINION

In conclusion it might be well to pose two principles which are at the heart of our discussion, and to which the profession gives its support. Many dentists along with physicians are firmly opposed to collective action in providing payment for services. Their opposition is based on the denial of the right of patients to raise funds for the provision of dental or medical care in a manner of their own choice. The public stands in opposition to this doctrine as an abridgement of

(Continued on page 22)

NEWS OF THE BRANCHES

WEST SUBURBAN

Dr. George Teuscher upheld his reputation at our second branch meeting held January 8. His factual and informative talk answered many questions on the subject of children's dentistry. He emphasized particularly that our obligation to remove the etiological factors of tooth destruction was as important as restorative work. Attention was called to our increased intake of sugar and carbohydrates—an increase of from 8 to 125 pounds per capita consumption of sugar in the last 100 years. The rampant caries often found in mouths can sometimes be attributed to the resultant acids formed from this consumption. Dr. Teuscher recommended immediate cleansing after eating with either a brush or mouth-wash. . . . Returned servicemen were well represented at the meeting with James Betty, Erwin Gramke, J. M. Lestina, S. W. Magnuson, H. J. Mulvihill and W. O. Vopata in attendance. . . . Robert Christopher is back in civilian practice again. . . . E. E. Howie just returned after serving with the West Suburban Hospital unit. . . . Congratulations to Robert Kesel on being awarded first prize in the Chicago Dental Society Essay Contest. He will read his paper at the Midwinter Meeting. . . . The first Round Table meeting will be held Monday, February 4, at the Oak Park Club, at 12 o'clock. James Betty will relate some of his experiences in the South Pacific. On a trial basis, meetings will be held once each month (the first Monday) with attendance limited to those having advance reservations. Rudy Hinrichs or Harry Nortell will be glad to take your reservation—6 meeting tickets for \$6.60. . . . Paul Swanson extends his thanks to all who participated in the school district dental examinations during the past season. Of the 3000 pupils examined in the Oak Park schools, forty-three per cent needed dental attention and thirty-three

per cent of the total enrollment presented cards indicating that they had just finished or were at present being treated by their dentists. The examinations were conducted by sixty dentists who each contributed one or two half-days. . . . Ione Kral spent two weeks in Florida visiting her daughter, son-in-law and granddaughter. . . . L. F. Hein didn't get very far on his proposed trip to Mexico. His plane was grounded on four successive days so he postponed his vacation to a later date. . . . Rudy Hinrichs had an unwelcome visitor in his home recently who left with a fur coat and other valuables but, fortunately, overlooked his prized photographic equipment. . . . We wish a speedy recovery for Ernest Irish and Henry Stimson who have been on the sick list.—*Richard A. Anderson, Branch Correspondent.*

ENGLEWOOD

Our officers and members are grateful to Dr. Carlos Pomes for his fine presentation of Dr. George M. Hollenback's technic for casting gold inlays. . . . We understand the following discharged service members are back in practice or soon will be: Joseph W. Jun, who is also happy over the arrival of John, now five weeks old; Frank Farrell, looking well and back at work; Tom Rooney, busy trying to emulate California dentists, who for the most part have no evening hours; William Fisher, J. F. McCarthy, V. E. Siedlinski, at his old Archer avenue location; R. J. Tharp, Stephen Grady, M. R. Deplewski, promoted to lieutenant colonel before his discharge, located at California and 59th; John Manning, Chester Bukowski, on Morgan near 31st street; Albert F. Fick, and Robert Straub. . . . We are not alone in our desire to learn how to imitate R. C. Van Dam who left on January 8 with Mrs. Van Dam for Melbourne, Florida, where he expects to do some fresh and salt water fishing. . . .

We are happy to welcome T. H. Vermeulen into our family of branch correspondents. . . . A. G. Person should be back soon from San Diego, where he visited one of his boys and did some vacationing. . . . Clarence W. Adams, formerly of St. Louis, is now practicing at 79th and Halsted. . . . All those who attended "Old Timers Night" had a grand time. The Chicago Dental Society officers were all present, and Col. Matthews was also with us. There were no speeches—just good-fellowship. Members of the class of 1945 were honored for their twenty years in the branch. . . . W. E. and Mrs. Shippee and E. A. and Mrs. Werre celebrated their twenty-second wedding anniversaries recently. "Laughing Room Only" was only one item in the celebration.—*Boles G. Gobby, Assistant Branch Correspondent.*

KENWOOD-HYDE PARK

An orchid to Willard Johnson for his selection of clinicians for the January Kenwood Meeting, which was an outstanding success. Bob Riemer was on his toes giving forth with a discussion of tooth movement that was well received by all. The boys went back to their offices filled with zest to try out the points suggested at the meeting. Our orthodontists were there en masse to hear the novel idea of semi-orthodontia. In fact, Ben Herzberg took the floor to compliment the speaker and added a few extra highlights to round out a pleasant evening. Our next meeting should bring another orchid to Willard as he brings us the one and only Joe Schaefer. This meeting needs no plug as Joe's disciples are many, so come and hear him on February 5. . . . I. M. Demovsky out South Chicago way has been on the sick list for some time. . . . New blood is entering the field of East 75th Street in the person of M. B. Gelberd. . . . Major Weintraub, who is back in the states, is a holder of the Presidential Citation and other awards. . . . Kenwood will be well represented at the Midwinter Meeting as many of our members will be among the clinicians.—*Sylvester Cotter, Branch Correspondent.*

NORTH SIDE

A. F. Conarty, who is vacationing in Miami, plans to visit in Nassau before returning home. . . . Dan and Mrs. Kreger visited with friends in Milwaukee, where Dan had a refreshing rest from his busy practice. . . . Rufus Lee is back after an extensive trip through Mexico, Guatemala and other parts of Central America. Besides doing a little mountain climbing, Rufus took thousands of feet of colored movies. . . . Dave Alban has been using Moore's mud to rejuvenate the body. . . . After twenty-five years of hard work at the dental chair, Walter R. Johnson is retiring to live in Florida. Capt. Stanley Goldberg, recently retired from the Army, is taking over Walter's practice. Lots of good luck to both. . . . After serving in the Navy for almost four years, Sid Pollack has formed an association for general practice with his boyhood friend and dental classmate, Dan Peterson. Dan, as you may remember, won all those championship boat races on Lake Michigan last summer. With Sid's Navy experience to help him, Dan should try salt water racing. . . . Carl Levin is negotiating for the purchase of a four-seater plane to accommodate his friends on their many planned transcontinental jaunts. . . . Arthur Allen, back from New York where he gathered many new prosthetic ideas, is busy applying them to his practice. . . . Will E. B. Clearwater please advise us whether it was a boy or a girl? . . . Among the members back from service and again at the dental chair are: E. O. Benson, S. A. Berman, I. G. Gault, Stanley Goldberg, Jimmy Harris, Erwin Melcher, Roy Miller, Henry Mittelman, Frank Offenlock, Bernard Perlman, Sid Pollack, Robert Pond, Bernard Rabin, Harold Weinstein. . . . Our monthly meeting is scheduled for Monday, February 4, at the Edgewater Beach Hotel. After dinner, which will be served at 7:00 o'clock, Harold Hillenbrand will speak on "The Dentist's Responsibility to His Fellow Practitioners." The scientific program will include discussions on "Troubles in Dentures," "Extraction of Teeth," and Local

Anesthesia. — *Sidney Asher, Assistant Branch Correspondent.*

NORTH SUBURBAN

The Aladdin room at the Orrington Hotel was just able to accommodate the number who attended the branch meeting on January 14, and it was decided to continue in this room for the time being. The speaker, Dr. Chauncey Maher, said it is all right to smoke before you get your coronary but not after, although drinking a little won't hurt. In fact, some authorities believe it may have therapeutic significance. Bill Mayer wanted to know what practical preventive method we could employ. Bill looks fine, too. Don't go home all tired out every night is Dr. Maher's advice. Of course, this advice is too sensible to be useful. Howard Miller told Dr. Maher that his trouble followed the address to North Suburban. We believe in giving our speaker every possible chance. . . . New officers of the Evanston Club are O. E. Scott, president, Zenas Shafer, vice-president, and Chet Thorsen, secretary-treasurer. . . . O. B. and R. R. Davy held a Christmas party in their office. About forty of us enjoyed the occasion. A group letter was sent to Roger Huntington at Lido Beach Hotel, Sarasota, Florida, where he is enjoying a phenomenal recovery. . . . Harold Noyes is leaving N. U. D. S. to become Dean of the University of Oregon Dental School. Northwestern's loss is Oregon's gain. . . . Grant McLean is practicing at 603 Main Street, Evanston. . . . George Schnath is practicing at 708 Church Street, his old address, but a different office. . . . O. H. Stuterville will have his office in the University Building, Evanston. Until that time he is in Chet Thorsen's office. . . . R. L. Wescott left for California on January 12. His family preceded him by several days. They will return in two weeks. . . . Wilson Fisher has been visiting in the South. . . . Bill Murray brought some trade secrets back from his trip to Kansas City. . . . Sayre Hexton has recovered from the flu. . . . Vern Deutschman is practicing at 1522 W.

Howard Street, Chicago. . . . We are sorry to hear of the recent death of J. H. Law's mother.—*H. Q. Conley, Branch Correspondent.*

NORTHWEST

The final preparations for the Midwinter Meeting are being worked out so that everything will be working smoothly on February 11. Despite all the worry I'm sure Joe Zielinski will find that the meeting will rank with the best. . . . Inadequate housing facilities and travel difficulties have been no deterrent to our members who have felt the need of that Florida sunshine: E. N. and Mrs. Johnsen spent the holidays in Miami Beach. John Kobryzinski and his family also enjoyed Christmas in the same surroundings. . . . As Gus Johannes was entering a bank in Hollywood, Florida, to replenish his depleted bankroll, a loud "Hey Gus" almost punctured his eardrums. Turning he saw Gus and Mrs. Tilley. . . . Glenn and Mrs. Cartwright headed toward Tucson, Arizona, for their sunshine and expect to return in time for the meeting. . . . Hugh Larkin had to take time away from the office because of a recurrence of bronchial trouble. . . . It's good to see my brother, Major Henry, back home after almost four years of service as flight surgeon in the Army Air Corps. . . . Capt. Chester W. Kowalski, Jr., has recently been assigned to the Hawaiian Air Depot as dental surgeon at the Depot Dispensary. Since January 1945, he has received awards for service in the Asiatic-Pacific Theatre, New Guinea campaign, Leyte and Luzon campaigns, Philippine Liberation, a commendation and an award of Meritorious Service Unit Plaque.—*Thad Olechowski, Branch Correspondent.*

WEST SIDE

Because of the hotel room shortage many out-of-town dentists who are planning to attend the Midwinter Meeting will find themselves without accommodations. The Chicago Dental Society hopes

that its members who are in a position to do so will demonstrate Chicago's hospitality by inviting friends to stay at their homes during the meeting. . . . The following clinicians contributed toward making our "Clinic Night" a complete success: W. B. Carrane, Frank Kropik, J. A. Pelka, Bob Placek, Harry Rubens, S. Sherman. Harry Rubens sculptured the head and face of a most attractive Art Institute model. This vivacious and beautiful mannequin inspired the audience as well as the artist, and judging from the enthusiasm exhibited I'm sure we'll have a repeat performance. . . . A nominating committee consisting of D. W. McEwen, Henry Melichar, J. F. Porto, William Serritella and George Vogt was named to select 1946 officer candidates to be presented at the March

meeting. . . . After a month's vacation in Florida, Joe Pfister reports that he is in tip-top shape for the coming year. . . . A hearty "Welcome Home" to James Butler and William Kaiser, recently discharged from service and now prospecting for locations. . . . Milton D. Traxler, former naval commander, is practicing again in a beautifully designed office in the Pittsfield building. . . . Comdr. R. G. Havelka writes from Miami that he is finishing his terminal leave and expects to be home soon. . . . Now that the Mid-winter Meeting date is approaching nearer and nearer, we advise all to get a little extra shut-eye so that you will be fortified to withstand the niagara of words expected from the silver-tongued essayists and clinicians.—*Maurice C. Berman, Branch Correspondent.*

DENTISTRY AND THE CHANGING ORDER

(Continued from page 18)

its rights. The profession must ask itself, does it cherish the right to deny such a right on the part of the patient?

The organized professions have guarded zealously the control of their service, their standards, the fees to be paid, the conditions of study and entry into the professions. Concerning these there is no conflict in principle. The public interest can only be served by maintaining the sovereignty of the professions over their fund of knowledge and skill and by keeping inviolate their custodial role.

I hope that my remarks have appeared relevant and have suggested for you the utility of invoking the knowledge of the sociologist in treating with the problem of organizing and administering the

health services. The excessive divorce of the biological and sociological realms of knowledge is one more abortive fruit of our highly specialized world. Somehow we must bridge this gap, for in a democratic society, the coordination and administration of the social body is a task for the *many*, not the *few*. The several professions must avail themselves of knowledge outside their narrow fields of specialization if they would effectively participate in the formulation of public policy, especially, those policies which impinge directly upon them.

Indeed, the acquisition of such generalized knowledge by the diversity of functional groups seems an indispensable feature of democratic society, without which, it may not be capable of survival.

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Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the third and eighteenth of each month. The early submission of material will insure more consideration for publication.

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Ethics Committee

| | |
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Blum, Herbert L. (U. of Ill. 1942) West Side, 25 E. Washington St. Endorsed by Robert D. Curtis and Rudolph G. Weihe.
Ganz, Victor (U. of Ill. 1945) Service, 1509 S. Homan Ave. Endorsed by David Berman and G. E. Bone.
Jacobs, Ascher Leon (U. of Wis. 1945) 909 Gunnison St. Endorsed by Myron I. Lipschutz and Samuel Spira.
Kowalski, Stanley M. (U. of Ill. 1939), Northwest Side, 2753 W. North Ave. Endorsed by S. L. Goldberg and Helmer C. Carlson.
McCormick, Robert E. (C.C.D.S. 1945), West Side, 1757 W. Harrison St. Endorsed by Marvin E. Chapin and E. P. Boulger.
Portman, Seymour S. (C.C.D.S. 1945), West Side, 712 N. Monticello Ave. Endorsed by Ralph G. Larsen and Edgar D. Coolidge.
Price, Robert N. (N.U.D.S. 1945), West Suburban, 5903 W. Chicago Ave. Endorsed by Charles W. Freeman and John S. Grimson.
Shepro, Merrill J. (U. of Ill. 1945), West Suburban, 6804 Windsor Ave., Berwyn. Endorsed by Henry J. Droba and W. H. Kubacki.

Classified Advertising

FOR SALE

For Sale: Black Ritter chair and unit, DC, excellent condition. Both for \$350.00. Call Franklin 4643.

For Sale: X-ray, White and Bartlett wall type, mahogany; console cabinet, American, glass trays, mahogany; Columbia chair, black; laboratory bench and equipment. All in good order. Call Armitage 9160.

For Sale: Harvard Peerless chair, Harvard engine, Clark clinical unit, Betz all steel flat top cabinet, Pelton sterilizer, sterilizer stand, small office desk, swivel desk chair. Chair unit and cabinet in mahogany. Call Hemlock 0066 for information.

For Sale: S. S. White Diamond chair No. 2, black; American console cabinet, mahogany, like new; S. S. White unit, trident, mahogany. All in A1 condition. \$550.00. Address B-1, The Fortnightly Review of the Chicago Dental Society.

For Sale: Dental office and complete equipment available. 27 years at 7 W. Madison Street. Practice discontinued by illness. Phone or write Rowland Laughlin, 307 North Michigan. State 0055.

For Sale: Dental office—5 room suite—cor. 2nd floor, cross ventilation. North Side bank building, with physician, doing \$30,000.00 a year. S. S. White mahogany equipment. Two operating rooms. Call Rogers Park 0350.

For Sale: Good practice established over 21 years. Modern equipment. South Side transfer corner. Address B-7, The Fortnightly Review of the Chicago Dental Society.

For Sale: Forty yards of carpeting and padding, artificial fireplace with overhanging mirror. Call Longbeach 5747.

For Sale: Complete Ritter equipment, CDX X-ray machine, special extraction equipment. Estate of Dr. Gilbert Hadden. Seen by appointment at Austin Storage. Call Mrs. Hadden, 250 Clinton Street, Oak Park, Euclid 466.

FOR RENT

For Rent: Two front corner rooms at 4954 W. Madison St. Suitable for an orthodontist, optometrist or chiropodist. Physician shares reception room. For further information call Kedzie 3210.

For Rent: MODERN OFFICES—IMMEDIATE POSSESSION. Complete Services \$50 to \$65. 63rd AND MARYLAND BUILDING. Designed especially for professional men. 841 EAST 63rd STREET—Fairfax 0708.

For Rent: Chicago Flatiron Building, 1579 Milwaukee Avenue, at intersection of North and Damen Avenues, offers various size units for immediate occupancy. Established dental location. Excellent transportation facilities; both surface and "L". Apply Building Superintendent or Call Mr. Blanke of Aldis & Company, Harrison 0260.

For Rent: Attention recently released service dentists: There is suitable office space available on near North Side. Modern building. Active commercial district. Reply The Mercon Co., 39 S. La Salle St., Chicago 3.

For Rent: Five room, second floor apartment ideal for dentist's office and living quarters. Will lease complete with household furniture, if desired. Situated on busy three corner intersection facing subway station. Only ten minutes to the loop. This apartment has been a physician's office for the past thirty years. Address B-7, The Fortnightly Review of the Chicago Dental Society.

For Rent: Part time space available, Monday and Friday. East and north exposure. Call Randolph 1899.

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Wanted: Will trade Victor wall model CDX for portable X-ray machine. Dr. M. D. Strikly, 30 N. Michigan Avenue, Randolph 1899.

Wanted: Responsible dentist wishes to rent equipped dental office for three days a week. Also willing to help busy dentist. Address B-2, The Fortnightly Review of the Chicago Dental Society.

Wanted: Dentist—salary and commission, good opportunity. 740 West Madison Street, Room 202.

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Wanted: Hygienist or experienced dental assistant. Call Central 2171.

Wanted: Will trade S. S. White bench lathe and dental engine, both DC, excellent condition, for AC. Call Bittersweet 1744.

Wanted: Dental assistant experienced in X-ray, inlay work and models. No evening hours. Address B-4, The Fortnightly Review of the Chicago Dental Society.

Wanted: Dental assistant to work in North Side office. Excellent opportunity. No evening hours. Call Longbeach 5719.

Wanted: Returned veteran desires to purchase dental office or would like full or part time work with a busy dentist. Call Lawndale 4813.

Wanted: Returned veteran desires full time position with busy practitioner. South Side or loop preferred. Call Aberdeen 3933.

Wanted: Full or part time assistant in ethical office on one of busiest corners on Northwest side of Chicago. Address B-5, The Fortnightly Review of the Chicago Dental Society.

Wanted: Navy veteran desires loop office full time, furnished or unfurnished. Will buy loop practice. Address B-6, The Fortnightly Review of the Chicago Dental Society.

Wanted: Association with established orthodontist by veteran with 11 years experience in general dentistry. Extensive work done in orthodontia. Three years as major in Army Dental Corps. Address B-8, The Fortnightly Review of the Chicago Dental Society.



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(Continued from page 5)

on aciduric bacteria and clinical observation over a longer period of time may reveal a reducing effect on caries activity.

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The final judging of the papers was done by an out-of-state university, one that had not been used previously, and the papers were graded on the following points: (1) general usefulness, (2) scientific accuracy, (3) organization of paper, (4) technics of writing, (5) logic of conclusions and (6) bibliographic form. The papers were numbered and submitted to the judges anonymously so that the authors remained unknown. Nine papers were submitted and the following received honorable mention: "Pulp Reaction to Silicate Cements," H. A. Zander, Assistant Professor of Operative Dentistry, Tufts College Dental School and "Growth Studies of the Temporomandibular Articulation of Female Rats," Daniel A. Collins, Research Assistant and Instructor, University of California.—

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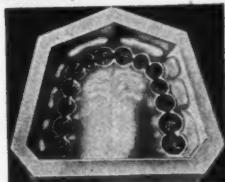
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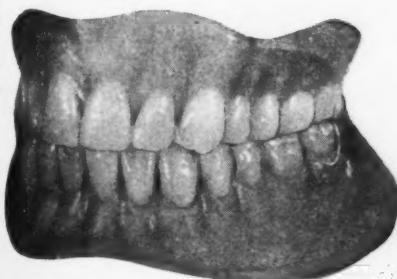
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